

## Phase II Activation Fund Application Cover Sheet

| <b>Organization Information:</b>  |                              |                          |
|---|------------------------------|--------------------------|
| <i>Organization's Legal Name:</i>   | <i>EIN #:</i>                | <i>Application Date:</i> |
| <i>Organization CEO/Executive Director Name:</i>  | <i>Email:</i>                | <i>Phone:</i>            |
| <i>Fiscal Sponsor Organization (if applicable):</i>   | <i>Website:</i>              | <i>EIN #:</i>            |
| <b>Proposed Project Information:</b>  |                              |                          |
| <i>Project Title:</i>   |                              |                          |
| <i>Project Director Name &amp; Title:</i>   | <i>Email:</i>                | <i>Phone:</i>            |
| <i>Primary Contact (if different):</i>  | <i>Email:</i>                | <i>Phone:</i>            |
| <i>Proposed Grant Amount (Target range is \$50,000 - \$125,000):</i>  | <i>Total Project Budget:</i> |                          |
| <i>Updated Summary of the Proposed Project (2-3 sentences describing how funds would be used and anticipated impact):</i>   |                              |                          |
|   |                              |                          |
| <b>Attestation:</b>   |                              |                          |
| <b><i>I hereby confirm that I have reviewed &amp; approved the information provided on this application and all attachments provided:</i></b>   |                              |                          |
| Project Director Signature  | Date                         |                          |
| CEO/Executive Director Signature  | Date                         |                          |
| <b>Instructions &amp; Application Checklist:</b>  |                              |                          |
| Please submit a signed copy (electronic signatures accepted) of this form with the materials listed below to <a href="mailto:info@thfcm.org">info@thfcm.org</a> <b>by 5:00 p.m. on the posted deadline.</b>   |                              |                          |
| <input type="checkbox"/> 1. Phase II Activation Fund Application form (please limit responses to 7 pages in total, 11 pt. font and 1-inch margins)<br><input type="checkbox"/> 2. Project Budget form (please submit this as a separate attachment in Excel format)<br><input type="checkbox"/> 3. Financial Statements for most recent year (audited, if available) or IRS Tax Form 990<br><input type="checkbox"/> 4. (If Applicable) Fiscal Sponsor Agreement Form<br><input type="checkbox"/> 5. (If Applicable) Letters of support from or MOUs with partner organizations<br><input type="checkbox"/> 6. (If Applicable) Professional estimates or quotes from vendors for equipment/services valued at > \$5,000 |                              |                          |
| For questions, please contact Juli True Dooley, Director of Programs, at <a href="mailto:jdooley@thfcm.org">jdooley@thfcm.org</a> .   |                              |                          |
| <b><u>Important!!</u> Please save changes before closing document and rename file with the organization's name &amp; date.</b>  |                              |                          |

## DEMOGRAPHIC SURVEY

The Health Foundation has had a long-standing commitment to promoting health equity and addressing social determinants of health, including underlying racial, social, and economic factors that affect health. To gain insight on the diversity of communities and organizations within our geographic service area and to gather data to evaluate our grantmaking processes, we are asking applicants to share available demographic information on the organization and the population(s) served. ***We acknowledge that diversity includes a broad range of backgrounds and perspectives, including but not limited to race/ethnicity, gender identity, age, immigration status, sexual orientation, socio-economic status, and physical and mental ability.***

This survey was developed based on the Foundation's research on best practices in the field of health philanthropy as well as input from previous grantees and community stakeholders. ***Participation is voluntary, and no proposal will be excluded from funding consideration based upon responses to this survey.***

### Organization Information:

**1. Does the leader of the organization identify as (please check any that apply):**

- African American/Black/Person of African descent
- American Indian/Alaska Native/Indigenous/Native American
- Asian/Asian American/Southeast Asian/South Asian
- Latino/Latina/Hispanic
- Middle Eastern/Arab/North African
- Multi-racial/Multi-ethnic
- Native Hawaiian/Pacific Islander
- White/European American/Eastern European
- Decline to answer
- Other (please describe): \_\_\_\_\_

**2. Does your organization have representation from the population(s) it serves on its senior leadership team, Board of Directors, or through a community advisory board? Please check any that apply.**

- Yes, on the senior leadership team
- Yes, on the Board of Directors
- Yes, through a community advisory board or committee
- No, not at this time

**3. What are the primary, secondary, and tertiary (as applicable) racial/ethnic backgrounds of people currently served by the organization based upon self-reported data? Please check only one box per line, and no more than three in total.**

**Primary    Secondary    Tertiary**

- African American/Black/Person of African descent
- American Indian/Alaska Native/Indigenous/Native American
- Asian/Asian American/Southeast Asian/ South Asian
- Latino/Latina/Hispanic
- Middle Eastern/Arab/North African
- Multi-racial/ Multi-ethnic
- Native Hawaiian/Pacific Islander
- White/European American/Eastern European
- Other (please describe): \_\_\_\_\_

**Project-Related Information:**

**4. Please indicate the primary, secondary, and tertiary (as applicable) health/social determinant of health issue(s) to be addressed by the proposed project. Please select one box per issue and no more than three in total.**

| Primary                  | Secondary | Tertiary                           | Primary                  | Secondary | Tertiary                  |
|--------------------------|-----------|------------------------------------|--------------------------|-----------|---------------------------|
| <input type="checkbox"/> |           | Primary Care/Medical Care          | <input type="checkbox"/> |           | Food Insecurity           |
| <input type="checkbox"/> |           | Mental Health/Substance Use        | <input type="checkbox"/> |           | Children & Youth          |
| <input type="checkbox"/> |           | Oral Health                        | <input type="checkbox"/> |           | Senior Care/Healthy Aging |
| <input type="checkbox"/> |           | Public Health Promotion            | <input type="checkbox"/> |           | Workforce Development     |
| <input type="checkbox"/> |           | Homelessness/Housing               | <input type="checkbox"/> |           | Community Development     |
| <input type="checkbox"/> |           | Education                          | <input type="checkbox"/> |           | Transportation            |
| <input type="checkbox"/> |           | Abuse/Exploitation                 | <input type="checkbox"/> |           | Environmental Justice     |
| <input type="checkbox"/> |           | Criminal Justice                   | <input type="checkbox"/> |           | Other (please specify):   |
| <input type="checkbox"/> |           | Intellectual/Physical Disabilities |                          |           | _____                     |

**5. Is the primary population of focus for the project representative of one or more of the following historically marginalized populations? Please select no more than three in total.**

- People who are Black, Indigenous, and/or People of Color (BIPOC)
- People who are immigrants, migrants, or refugees
- People who are low-income (*with incomes ≤ 200% of the Federal Poverty Level*)
- People who live in an under-resourced rural community
- People who have a disability (intellectual or physical)
- People who identify as LGBTQ+
- People who are/were incarcerated
- People for whom English is not their primary language
- People who are seniors
- People who are veterans or active military personnel
- Other (*Please describe*): \_\_\_\_\_

**6. What, if any, information about your organization’s diversity, equity & inclusion practices would you like to share?**

**7. Please use the space below to share any additional information or suggestions for improving this survey.**